



Case Management in Higher Education

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Edited by

Brian Van Brunt, Ed.D.

Senior Vice President of Professional Development Programs

The National Center for Higher Education Risk Management (NCHERM)

brian@nchem.org

Advisory Board Contributors

Special thanks to those professionals and colleagues who shared their legal, psychological, student affairs theory and higher education administration expertise to create this document.

Erica Woodley, M.S.

Associate Vice President of Student Affairs
Tulane University
ewoodley@tulane.edu

Joshua Gunn, Ph.D.

Director of Counseling and Psychological Services
Kennesaw State University
jgunn6@kennesaw.edu

Mary-Jeanne (MJ) Raleigh, Ph.D.

Director of Counseling and Psychological Services
University of North Carolina Pembroke
Mjraleigh1@verizon.net

Carolyn Reinach Wolf, Esq.

Senior Partner
Abrams Fensterman Law Firm
cwolf@abramslaw.com

Brett A. Sokolow, Esq.

Managing Partner
The National Center for Higher Education Risk Management
Executive Director, NaBITA
brett@nabita.org

Table of Contents

Statement of Need	5
Why Case Management?	
Who Will Use Case Management?	
How Are Students Referred?	
Qualities of a Good Case Manager	9
Collaboration and Referral	
Energy, Charisma and Engagement	
Record Keeping and Documentation	
Working Through Obstacles	
Flexibility and Creativity	
Administrative Model	14
Where is Case Management located?	
Case Management in Student Conduct	
Case Management in Housing and Residential Life	
Case Management in Disability Services	
Case Management in Academic Advising	
Building Conduits for Information Flow	
Para-counseling Skills and Limits	
Student Development Theories	
Strengths and Limitations	
Behavioral Intervention Team Model	20
Working within the BIT	
Collaboration with Team Members	
Strengths and Limitations	
Counseling Center Model	22
Working within Counseling Centers	
Defining the Relationship	
Information Sharing	
Communication among Treatment Providers	
Record Management	
Strengths and Limitations	

How to Establish and Fund for Case Management on Campus	25
Demonstrate the Need	
Address the Perceived Risk	
Cost Share Between Departments	
Part-time and Fee-for-Service	
Sample Job Description	28
Sample Intake Summary	29
Sample Release of Information	30
Sample Contact Notes	31
Sample Informed Consent (Counseling Case Management)	32
Sample Case Management Responses	34
Sample Case Management Philosophy	36
Case Studies	38
Resources and References	45

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Statement of Need

Why Case Management?

Case management, at its very core, is about helping students to overcome the obstacles they encounter in their lives. This is central to the educational mission of most institutions of higher education, which seek to retain students and provide them with an environment conducive to academic success. Case management can serve as a keystone mechanism through which universities support and keep students safe.

In higher education, case management occurring outside of campus counseling centers can be traced back to 2000. In 2000, the University of Miami created a case management position that was split between the counseling center and student affairs. In 2006, the demand was such that the university created two full-time positions, one reporting through the counseling center and one through the dean of student's office. The tragic shootings at Virginia Tech (April 16, 2007) and Northern Illinois University (February 14, 2008) reiterated the prevalence of campus mental health issues and the need for sophisticated threat assessment, behavioral intervention and university accountability. Many campuses answered this need with the establishment of case manager positions.

Case management has a rich history within the fields of social work and psychology dating back to the de-institutionalization movement of the 1970s. As those struggling with mental health disorders were relocated from state run asylums back into the mainstream community, it became apparent that many struggled to successfully reintegrate. Case management programs soon arrived on the scene not only to facilitate access to mental health treatment, but also to assist these patients in managing finances, identifying and maintaining employment, and facilitating engagement in recreational and social activities.

Despite these roots, case management today isn't limited to those struggling with mental health challenges. With the creation of behavioral intervention teams and threat assessment teams, colleges and universities have come to recognize the benefit of dedicating staff members to work flexibly and creatively with at-risk students, to ensure proper access to care, to help them schedule and keep their appointments, access academic assistance (e.g., tutoring), and effectively navigate the student conduct and other university processes, amongst other functions.

Case management is a solution-focused approach to assisting students with a wide variety of needs. As such, case managers are concerned about *what is* and *what can be done*, rather than a focus on *what was* and *what has held back the student in the past*. Helping students to engage in effective problem solving by identifying solutions is the backbone of case management.

Who Will Use Case Management?

Case managers can help a wide range of students. Examples include: a first-year student struggling academically may need assistance identifying and utilizing existing services on campus (e.g., math tutoring or writing lab); clients of the counseling center who wrestle with a mental health disorder that compromises the quality of life; students that need access to medication; students who would benefit from concurrent support from several on-campus services; those who need help engaging in the campus community; or students who have violated the student conduct code and are now on probation or need to fulfill sanctions. Case management is applicable to a wide range of student needs in the higher education setting.

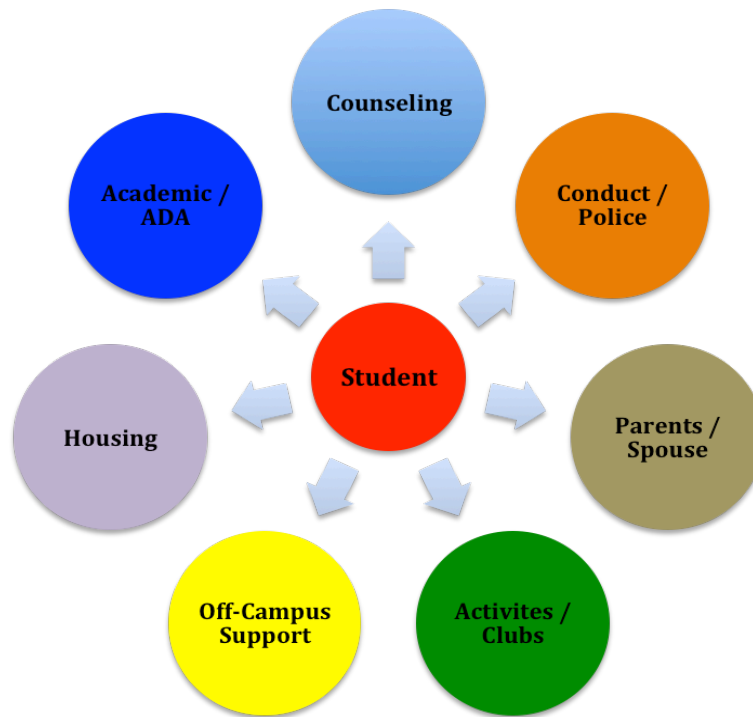
Imagine how a case manager could help in these common situations:

- Darla struggles with recurrent thoughts of suicide and depression. She has little family support and also has some learning disability concerns that keep her from performing well in the classroom. She recently came to the attention of your campus BIT/TAT upon her return to campus following an off-campus evaluation for a suicide attempt.
- Thomas recently committed his second serious alcohol violation and has come to the attention of the BIT/TAT. His substance use seems to be out of his control and despite his strong academic performance, he is putting his academics at risk with his problem drinking.
- Carter is having trouble adjusting to college life. He is socially isolated, has difficulty keeping track of his class assignments and says, "I want to study, but I just don't know how. This is so different from high school." By the third week of the semester, Carter is frustrated and considering dropping out. A professor shares his name with the campus BIT/TAT.

Each of these cases outlines a potential scenario in which a case manager could help by connecting the student to other departments and assisting them in setting and reaching their academic, social and career goals.

The graphic on the following page illustrates the wide range of departments and services with which a case manager can help a student to connect during or after a time of crisis, intervention, prevention or post-vention. In the graphic, imagine the case manager function as the blue arrows that facilitate communication between the student and the identified department or group.

Other departments the case manager may interact with include: study abroad, athletics, international student programs, Greek life, student employment/work study, office of disability services, campus safety and more.



How Are Students Referred?

How are students assigned to case management? This depends on the location of the case manager (i.e., what department they work in), whether or not there is a centralized intake process or whether multiple departments can make a referral to the case manager. In a centralized process, the case manager often receives referrals from his or her supervisor or the BIT. A decision can be made from metrics such as an academic early alert program (poor GPA, significant attendance problems), classroom disruption, violation of the code of conduct, or participation in intensive outpatient treatment or inpatient hospitalization. Some schools may also refer students who are a retention risk for not coming back to school.

In some centralized intake systems, the BIT refers students to the case manager, in others, the case manager is the initial point of intake for students who then may be referred to the BIT and/or other relevant resources or departments. Many schools use an online reporting system to filter information directly to the case manager, which allows for the consistency of a single point of entry. The emphasis in these systems is for the community (faculty, staff and students) to report any concerning behavior. This may not always result in a referral to case management, but that will fall to the discretion of the case manager, the BIT, or whomever is the central referring resource.

In a de-centralized process, referrals to case management may come from various departments under student affairs, academic affairs, athletics, student conduct, housing and residential life, counseling or the Behavioral Intervention Team (BIT). An online reporting process may be used in a decentralized system where the information will first go to the office most appropriate for follow-up and then be shared with the case manager as needed. The pathways of communication must be very intentionally created to avoid information silos. In

some decentralized systems with online reporting mechanisms, the case manager is copied on communications but only follows up as needed or directed to by lead departments.

Examples of referrals:

- A faculty member calls the case manager and asks for help with Jane, a student who appears distressed in class. The faculty member relays that the student is often teary when in class but frequently comes to class late or misses class all together. The faculty member has tried to ask the student if she needs help, but Jane declines the offer. Upon further investigation, the case manager learns that Jane's mother has just been diagnosed with terminal cancer, a fact she told her academic advisor.
- In a regularly scheduled BIT meeting, a residence director shares that a student who has had multiple alcohol incidents is exhibiting "strange" behavior and does not seem to be attending classes. The residence director has already met with this student and does not feel that he "got through" to the student.
- Anna is a student who was hospitalized in the fall for a suicide attempt. Immediately following the attempt, she took a medical leave of absence. The BIT recommended that upon Anna's return to school she participate in the case management program.
- Tom is a student whose mother called the counseling center. Tom had a serious injury over the summer, from which he has fully recovered, but which has left him with some physical limitations (no sports). His mom is concerned not only about his ability to deal with the trauma but also with his reintegration into the university community as his identity and friend group were all tied directly to his athletic participation.
- Francis, diagnosed with Autism Spectrum Disorder, has been going through the process of transitioning from male to female. She regularly sees a counselor in the counseling center and has a psychiatrist off-campus. The Office of Gender and Sexual Diversity suggests that the student avail herself of case management resources to help her navigate all of the support services while maintaining her academic pursuits. The student comes to see the case manager as a self-referral.
- Carl became argumentative with his math professor after failing to complete two exams. Despite feeling like he knew the material, he struggled to finish on time because he was distracted by others in the room.
- Christy was referred by a professor who was aware of her Autism Spectrum Disorder, but was unsure of whether she was connected with the Disability Services Office or other supportive resources on campus.

Qualities of a Good Case Manager

Collaboration and Referral

There are certain attributes that are essential for those who hope to do this job well, the most important of which is the ability to form collaborative relationships with key resources on- and off-campus. Depending on your campus, a case manager will often be referring students to:

The Counseling Center: In this case, the Case Manager (CM) should become familiar with the variety of services provided should focus on building relationships with current on-campus counseling staff who can help facilitate access to care. Some challenges that may arise based on the size and mission of a counseling center include session limits, a scope of practice that restricts treatment for more 'serious' mental health problems, extended wait times for appointments, hesitance to enlist parent or other support networks in treatment, and lack of comprehensive treatment planning.

Off-Campus Counseling Resources: For campuses that do not offer on-campus counseling services or that frequently develop extended wait times, a case manager should assist by identifying and establishing a referral process that eases students' ability to get connected to community resources, employee assistance or third-party (student assistance) counseling supports. A case manager can assist in developing relationships with psychiatrists and nurse practitioners who can dispense psychotropic medications, clinicians who specialize in threat assessment, and inpatient treatment options. To be most successful in helping students get connected to off-campus services, case managers should be familiar with third-party billing practices, insurance advocacy, low- or no-cost treatment centers (e.g., community mental health centers), and options for arranging transportation to and from these providers.

Substance Abuse Treatment: From methadone and suboxone detox programs to finding the location and times for the local AA or NA meetings, case managers can serve as a vital link between students and supportive recovery communities.

Health/Nutrition Support: Whether it is an eating disorder or disordered eating, college students can struggle with exercise, food intake, body image and ensuring they have enough sleep to keep healthy and well. A case manager should have an awareness of local (both on campus and off-campus) resources related to health, nutrition and wellness for students. This should include ensuring students have access to low cost initial appointments as well as transportation to and from off-campus resources.

Academic Support: Academics are the core reason why students are at college. Case managers should be focused on connecting their students to existing academic supports such as tutoring, mentoring, advising and study sessions. Case managers can be connect to academic early alert systems. Students referred to case managers are frequently struggling academically or already on academic probation; thus, another option is working with academic departments to see if

there are programs or other support services that might be useful to students receiving case management services.

Connection to Parents/Guardians: In spite of the ever-popular term “helicopter parents” and the stories student affairs professionals share about under-or-over-involved parents, case managers must consider whether a connection with their students’ parents/guardians will facilitate buy-in to the service. In situations where parents/guardians are less than helpful, it can be even more important to develop communication channels to cut through misunderstandings, differing expectations and triangulation (the unfortunate and uncomfortable ganging up of two parties against a third).

Disability Services: Clear federal and state laws determine the limits and scope of disability services. Case managers can work with students to navigate the support resources offered through the ADA and Section 504 of the Rehabilitation Act. Coordinating accommodations for mental health, learning disability, mobility, hearing and/or vision can create very specific challenges for a student who violates student conduct codes or is in jeopardy of losing housing. The case manager can be critical in creating seamless services for individuals with disabilities on campus.

The BIT: Communication with the campus BIT is arguably the most important relationship the case manager must maintain. The BIT is often involved in inpatient admissions and discharge updates on students with mental health disorders, disruptive behavior in the classroom and conduct violations involving alcohol and drugs. The case manager can assist with these interventions and transitions as well as keeping current on potential crisis events with the students they are case managing.

Health Services: Provide another important point of connection for case managers. Health services are often the first place community members will bring a student in some kind of distress. Health services have stricter standards (HIPAA and state medical laws) that may restrict information flow during these times. Building supportive relationships with health services staff and establishing expectations for information flow with case management can improve communication in times of crisis.

Ombuds: Many institutions have created an Ombuds position that offers informal mediation and support for faculty, staff and students during times of potential conflict. Having case management and the campus BIT connected to this position can assist in identifying potential ‘hot spots’ or problems on campus. This information sharing ahead of time can lead to better decision-making and care for the campus BIT and case management.

Energy, Charisma and Engagement

Case managers should engage students with whom they work by encouraging them with positive energy and a charismatic manner of interaction. Defining a high-energy level and charisma in a staff member is difficult to quantify. Yet, these are the very qualities that seem to engage students best and encourage them to overcome their obstacles and challenges.

Imagine Marcy, a case manager who greets each student referred for services with a huge smile and contagious optimism. Consistent with the philosophy of case management, she focuses students' attention on the most pressing issues and options available for meeting their challenges. She then trusts the students to choose the best option for themselves, helps to ensure follow-through, and explores other options if their first choice doesn't work out. She never fails to inspire her students to do the best they can with what they have.

Record Keeping and Documentation

Accurate record keeping provides risk mitigation in the legal realm, allows for accurate tracking of cases over time, and empowers continuity of care across service providers, position and personnel transitions. When working with students who are struggling, the behaviors the student engages in bring an element of risk and potential liability for both the student and the professionals working with them. Solid record keeping (from the initial intake document and informed consent through on-going contact/case notes) provides documentation and a clear paper-trail of the what, where, when, why and how of the services that are offered. An example of an intake document and release of information can be found on page 27.

Careful record keeping provides the ability to assess the program's effectiveness and identify trending issues that can be adjusted to provide better services. By keeping detailed records, the case manager gains insight into the student's past behavior and how he or she is working toward change. Contact and case notes help clarify treatment goals and progress. These also improve the quality of communication and understanding among all professionals engaging with a student of concern.

The content of case management notes will depend on the department that houses the case manager. For example, case managers working out of the Student Conduct or Dean of Student's Office will likely have a different record-keeping style than case managers housed within a counseling service. Additionally, depending on where the case manager is housed, some case management notes may be considered privileged mental health records, whereas others may be considered education records and subject to FERPA. Nevertheless, once the information is shared with a BIT or otherwise outside of a counseling or health service, the information is governed by FERPA.

There are many challenges and nuances to quality record keeping. Detailed and concise records require balancing confidential, relevant information with focused educational directives. Case manager records that fall under state mental health laws can include diagnosis information. Time on the phone with the student, consultation meetings, emails and releases for information sharing must be included in case notes. The breadth and depth of all case related interactions must be included in the case notes. Typically, enough detail is needed so that a third party can reconstruct later why the case manager took the action they took or made the recommendations they made. Some examples of these notes can be found on page 29.

Critical to safe and appropriate case management services is a thorough understanding of the legal issues surrounding working with higher risk students. For example, working with a student struggling with Post Traumatic Stress Disorder (PTSD) from a sexual assault will require knowledge of Title IX, OCR compliance requirements and possibly Clery reporting. PTSD may be characterized by periods of time having difficulty concentrating, inability to retain information and panic in closed spaces. This may require working closely with academic services to create temporary accommodations.

It is important to have an understanding of the legal issues potentially present in record keeping. Training and education regarding proper documentation can protect colleges and universities from potential exposure related to poorly constructed records. Key issues to consider include where the records are kept and who has access to these records, how long records are kept, whether the student can access them, and whether they can be expunged. This may involve coordination with others keeping related records on campus.

Working Through Obstacles

Successful case managers have the ability to maintain a positive outlook and willingness to work through obstacles, solve problems and think outside of the box. Another way to describe this would be to look for a case manager with an optimistic outlook and high tolerance for frustrations and ambiguity. A quality case manager will often encounter rigid rules that make little sense, and that will require a little thought to arrive at a “creative but helpful solution.”

Imagine the following example: From time to time we get referrals from students who are dealing with homelessness. While communities vary in the social services they offer, one thing that tends to be rather consistent is that there are fewer services for males. A professor refers a male student who had been performing very well in her class who had begun to miss class and turn in lesser quality work. The student had recently become homeless. A half-day was spent contacting local social service agencies only to learn that nothing was available. The student had to spend the first night on campus with no shelter; the best option that was available would be for him to stay in the campus police lobby if it got too cold. The second day

was similar, but it was decided to also reach out to family a few hours away, although the student had had no contact with them for years. The second night was similar to the first. Early on the third morning the student's grandparents came to campus, arranged for temporary shelter, and continue to serve as a positive influence in this student's academic and personal life.

Flexibility and Creativity

These qualities of a successful case manager reflect the importance of having a solution-focused, optimistic orientation. Students working with a case manager will have a number of challenges and obstacles in their lives. Any type of helper requires a degree of 'stretch and bounce' when it comes to helping brainstorm solutions and next steps for a student who may believe they have dug themselves too deep into a hole.

Imagine Andy has been diagnosed with Autism Spectrum Disorder symptoms and, despite doing well in computer class, the rest of his first semester courses are not going well. He relies on few support resources during his initial weeks on campus and is very resistant to outreach efforts until he is referred to the case manager at the beginning of his second semester. Andy is resistant to the case manager and only allows the manager to talk to one professor about possible accommodations. Weeks later, other professors begin to contact the BIT and case manager with continuing concerns. Other students begin to file complaints with residence life because of Andy's self-harm behaviors. Andy continues to resist supportive services but does allow contact with his parents. The parents insist on far more extensive services for their son. For this student, the case manager needs to navigate the needs of Andy, his professors, parents, and fellow students while balancing Andy's right to privacy and accommodations for his disability.

Administrative Model

Where Is Case Management Located?

The Administrative Model of Case Management generally locates the case manager within Student Affairs, more specifically the Dean of Student's (DOS) Office, but there are increasing examples of administrative case management positions being located in offices of student conduct, academic advising, housing and disability services. The administrative model allows for a larger degree of oversight and information sharing between the various departments (outlined in the diagram on page 6). Another benefit to this model is the support and buy-in that occurs from the top of the student affairs division. This centralized location allows for the case manager to be dispatched with greater efficacy to a larger set of circumstances. And because they are embedded within student affairs, the case managers is better able to connect students to a wide variety of resources within the department. A student affairs model helps connect students to a wide variety of resources within the university and in the outside community. The solution-focused nature of case management helps the student move beyond behavior problems and achieve connection and support to ensure behavioral change.

In establishing an administrative case management program, the types of cases that the office will take on must be clearly articulated. While there always should be some case-by-case flexibility, the failure to define the parameters of this office can make it something of a 'dumping ground' for other departments within the university. If you have a situation where your resources are not limited, this concern is less pressing. Typically, though, the philosophy that the case manager can/will handle anything dilutes the ability of the case manager to effectively develop connections.

Case Management in Student Conduct

When located in the Student Conduct Office, the case manager can work to ensure that the student completes conduct sanctions and help 'seal the cracks' a student may potentially fall through. One of the greatest legal liabilities an institution of higher education can face is creating a set of expectations for a student and then failing to follow through on monitoring the student's compliance. When case management is connected to a Student Conduct Office, it allows for greater accountability of the conduct process and a more educational and developmental process for the students.

Take this example: Roberta is a first year student who contacted campus police early in her first semester of college with thoughts of suicide. Campus police contacted emergency medical services, who transported her to the nearest emergency room. Unfortunately, the BIT team wasn't brought into the process until after she was transported. The case manager

attempted to contact the hospital, but could get no information as a result of privacy laws. Phone calls, emails, and letters were sent to Roberta asking her to contact the case manager upon her return to campus, but there was no response. The case manager, housed in the conduct office, learned that Roberta already had a hearing scheduled for a drug violation that occurred in her first weekend on campus and notifies the hearing officer of the situation. As a result, the hearing officer is able to connect Roberta with the case manager who facilitates her meeting with needed treatment providers and ensures she completes her conduct sanctions.

Consider this example: Ian is a third year student who has an extensive history with the Office of Student Conduct. Most of his incidents involve alcohol and his inability to regulate his emotions. He has been given a series of detailed sanctions. If the case manager is located in the conduct office, it is reasonable she/he can spend more time with this student on a one-on-one basis. This provides a mechanism to ensure the conduct sanctions are completed and also presents the opportunity to create a connection with the student. A case manager with a solid foundation in student development can use this connection to facilitate long-term behavioral changes in this student. Without the case manager, the conduct office might assign less effective sanctions that are easier to enforce, may not have the time to dedicate to this student, or the interactions with this student may be spread among many different hearing officers.

Case Management in Housing and Residential Life

Housing and Residential Life staff forms the scaffolding of any college or university community with on-campus living. Having case management connected to the housing office makes sense to better connect the case management staff with the pulse of the living-learning community. A case manager can exist as a type of 'mobile resident director' who is tied not to a physical building, but instead to a group of at-risk students. This relieves pressure on existing housing and residential life staff who may be struggling to manage a student in the halls. It also creates an opportunity for a more consistent response and accountability given the interconnected, 'plugged in' nature of a case manager located within housing and residential life.

Consider this case: Angela is a first year student whose floor mates report she is involved in significant high-risk behavior. The report of Angela's behavior comes to the attention of the university after she is involved in an off-campus accident during which she is struck by an automobile. In this scenario, the residential case manager can work one-on-one with the student to ensure she receives the appropriate mental health and medical follow-up while addressing the concerns about her high-risk behavior. This allows the residence life staff member responsible for the residential area to focus on supporting the community that has likely been disrupted by her behavior. In these cases, it is critical that the communication between the residence director and the case manager be clear, regular and cooperative.

Case Management in Disability Services

In disability services, there are often students who have difficulty navigating the systems associated with both seeking and using accommodations. There are students who need, by nature of their circumstances, more support. A case manager in this scenario can routinely meet with the student to ensure that the student has the right mechanism in place.

Take this example: John is a student with Attention Deficit Hyperactivity Disorder (ADHD) who also has a serious anxiety issue and documented learning differences. John has had accommodations since his first year in college but he rarely uses these accommodations because accessing them requires John to have a one-on-one conversation with his faculty members. It would also require him to arrange test taking with the Office of Disability Services. John finds this overwhelming and therefore does not access the accommodations granted. This, in turn, impacts his academic performance. A case manager can work with John to break down this process into small executable parts. He/she can meet regularly with John to help him develop the ability to do this on his own.

Case Management in Academic Advising

Universities are beginning to implement case management positions within offices of academic advising. These case managers have a foundational knowledge of academic advising, but would take on a caseload of students who need more attention. These positions have existed in universities in the form of high-risk academic advisors for many years, but shifting to a case management model more appropriately allows the professional staff member to holistically respond to the needs of the student.

Examine this case: Alex is a junior in credits, but has been at the university for seven years. He has gone through a series of academic advisors, many of whom become frustrated with his inability to show up for scheduled meetings or to follow-through with plans made in advising sessions. His previous academic advisors had caseloads of 300+ students and couldn't devote the time Alex needed. The case manager in academic advising should be able to set clear expectations for regular contact with Alex and have the ability to offer immediate follow-up and direct accountability to Alex.

Building Conduits for Information Flow

A Student Affairs-based case manager has the advantage of a built-in connection to the various departments within Student Affairs. The result is a case manager who has more information and better working relationships within student affairs. This, in turn, provides

better access to support services and treatment for the students on their caseload. This is especially helpful when working in crisis situations.

A central tenet of crisis management is establishing and maintaining information flow between various key constituents or departments. To establish these connections, a case manager must develop positive relationships with key staff members in these departments. This usually involves a combination of stopping by to talk informally, attending orientation or staff events and making use of formal mechanisms such as regular meetings and memoranda of understanding to articulate for each party how information will be shared. A case manager should realize that building and maintaining these relationships is an on-going job task that requires nurturance and attention throughout the year.

As previously stated, many colleges and universities have implemented online reporting systems. This, coupled with intensive outreach about the importance of reporting concerning behaviors, makes it more likely that information will flow to the case manager from multiple sources.

Para-counseling Skills and Limits

Case managers should have some fundamental counseling skills when working with students. If the administrative case management position is filled by someone who is a licensed counselor, social worker or psychologist, it is critical that he/she understand his/her role is not clinical and not one protected by confidentiality and that he/she must make this clear to the students with whom he/she works. Some schools have this disclaimer as part of the intake paperwork that students sign. If this is something your campus does, it is important to explain the case management service as private, but not confidential, or to make sure the student understands information is only shared on a need-to-know basis.

Case managers should be excellent at the process of building rapport with students. In some cases, the case manager may need to enforce boundaries with the student. If the foundation of the case management relationship is one of trust and respect, this is easier to accomplish.

Motivational interviewing is also a skill that is useful in case management. Motivational interviewing is a “collaborative conversation, goal oriented style of communication with particular attention paid to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion” (Miller & Rollnick 2013, p29).

Case managers should also have an awareness of the signs and symptoms of suicide and general mental health crisis management. Case managers should be trained in basic threat assessment -- suicidal as well as homicidal threats -- to make an appropriate referral to

counseling services, hospitals or other crisis providers. A comprehensive understanding of campus student conduct code and hearing procedures is important. Advocacy for a student while balancing advocacy for the entire campus community is essential. The primary skills of the advocate dovetail nicely with the skill set of a case manager, especially in cases such as sexual assaults. These two positions should work together for the best resource coordination. Collaboration is essential.

Case managers should have an intimate knowledge of the on-campus and community resources so that they can make appropriate referrals when necessary. Administrative case managers are not therapists and, as such, should be aware of their professional and personal limitations. This is generally not as straightforward or clear as one may expect. Those who are trained as counselors have an advantage in this area as a component of their professional education is dedicated to boundary preservation.

Imagine this case: Ben is a student who has been identified as at-risk by multiple faculty reports. When the case manager meets with him, Ben shares that he has bi-polar disorder and is being treated by his psychiatrist at home. He further shares that he does not believe in therapy, but will continue to meet with the case manager, “if he has to”. The case manager believes that is better than nothing and accepts Ben’s decision not to pursue therapy or local psychiatry.

Take this example: Lindsey’s mother has directed her to schedule an appointment with a case manager after she arrives at college as a freshman. Lindsey reveals in her meeting that she has struggled for years with an eating disorder. She has been in therapy for two years prior to her arrival at college and believes she is fine now. She is only availing herself of case management because her mother is making her. Using motivational interviewing skills, the case manager and Lindsey determine that Lindsey’s primary goal is to complete her freshman year successfully. After two case management sessions, Lindsey agrees that she should have a therapist in the community for on-going support.

Student Development Theories

There are a number of theories that have been developed to help explain college student behavior. These theories are generally divided into three major groups: psychosocial theories, cognitive/structural theories and ecological or integrative theories. Though not all case managers come into the role with extensive knowledge about student development theories, it is essential that they become familiar with the major theories. It is also important that the case manager understand how to use student development in the practice of case management. There are two major types models, which guide the transformation of theory to practice: abstract and practical. For those who are new to the study of student development theory, practical models are those like the one offered by Knefelkamp, Golec & Wells (1985). This model outlines very specific steps in integrating student development theory into practice.

Imagine during a meeting to follow up on an alcohol violation the student states that he has been feeling suicidal. The case manager conducts a threat assessment for suicide. The student shares that he has no intention but has thought of a plan. The student promises the case manager that he will not kill himself and does not have access to means. The case manager accepts the promise and does not contact counseling services or the BIT for further evaluation and intervention. This is an example of a case manager not understanding the scope of the job and not putting the care of the student first and foremost in the case process.

A successful case manager does not act as a clinician and or recommend specific treatment that undermines/countermands clinical treatment. Case managers instead refer students where appropriate to in-or-out patient facilities or to a mental health professional such as a psychiatrist, psychologist, psychotherapist, social worker or substance abuse counselor.

In the case of Roberta (originally mentioned on page 13), she initially resisted counseling, but found that she liked talking to the case manager. After a few meetings, it became clear to the case manager that Roberta’s alcohol and substance abuse issues were beyond her level of competency and outside her scope as a student affairs case manager. As a result, the case manager persuaded Roberta to agree to walk with her over to the counseling center after one of their meetings.

Strengths and Limitations of Administrative Model

Strengths	Limitations
Increases student accountability	Case manager may not have the portfolio of counseling skills that are necessary
Connect student to resources easily	Could feel like probation
More freedom in communication	Student frustrated with increased information sharing
Clear role within student affairs	Information sharing may compromise the student’s willingness to share
Provides help without stigma of counseling	Doesn’t help challenge the stigma of therapy and may reinforce the stigma
Ability to mandate compliance and to use conduct to reinforce boundaries and limits	Can become a dumping ground for anything that other offices don’t want to address
Balance of counseling and student development skills gives a diverse base of interventions	May conflict/compete with counseling service’s work with student

Behavioral Intervention Team Model

Working within the BIT

There is no one right way to do case management. Where a case manager is located depends on a school's mission, rationale for having the position, campus culture and funding issues. An argument could be made to have a flexible, solution-oriented staff member in every department on campus to help ensure students aren't overlooked or fall through the cracks. In this scenario, a case manager functions as a 'Mr. or Ms. Fix-It', a kind of free safety net to catch problems that might otherwise go unaddressed.

In a growing trend, case managers are becoming more and more connected to campus Behavioral Intervention Teams (BIT). A recent NaBITA survey (2012) of over 800 schools found over 42% of schools has some kind of case management on campus. Schools reported that 18% of case managers are connected to the BIT, 13% are connected to the counseling center and 11% are connected to student conduct. This should come as no surprise since the BIT itself can be described as a kind of case management process dedicated to creatively and flexibly identifying and addressing risk and threat on campus. A case manager attached to the BIT can respond rapidly and knowledgeably to students who come to the attention of the BIT, serve as a conduit to it, manage the intervention operations of the team, track patterns and/or assure long-term follow-up for at-risk cases.

Take the case: Casey was recently dismissed from the baseball team. Being on the team is an important part of his identity and why he chose to come to college. The coach feels that Casey's poor academic performance and recent lackluster playing leaves him no choice but to cut him from the team. The coach refers Casey to the BIT out of general concern for how he would handle being let go from the team. The case manager listens to the concerns from the BIT members including counseling center's concern for depression and academic affairs' concern that the semester is beyond salvaging. The athletic director shares that Casey's departure from the team will influence other teammates negatively. Public safety shares an alcohol violation reported over the weekend involving Casey. Casey is assigned to the case manager for contact and follow-up. The case manager checks on Casey's overall state of mind and ability to continue academically. The case manager then makes appropriate referrals to campus resources.

Collaboration with BIT Members

As with the Administrative Model, collaboration with various departments and staff members is essential to ensure the student has access to the various services around campus. This involves building positive connections among team members and developing relationships during non-crisis times to build rapport. On many campuses, BIT members are not dedicated to the team as

full-time resources, and while they can come together to assess risk, investigate, and strategize interventions, the team members are often unable to execute with the time necessary to see the interventions through. Therefore, a case manager may also find him or herself in the role of leadership on the team, depending on his or her expertise and experience. Whether in a leadership role or as a vital ‘action arm’ of the BIT, case managers can be well-utilized in this model.

Strengths and Limitations

Strengths	Limitations
Collaborative approach with many ‘eyes’	May seem like punishment/probation
Places Case Manager close to information	Student may misunderstand the role of the BIT
Allows Case Manager to hear multiple concerns and perspectives at one time	May only see cases that rise to the BIT system threshold
Case Manager can clearly articulate plan of approach with all concerned BIT members	An active BIT may quickly fill a case manager’s active caseload openings

Counseling Center Model

Working within the Counseling Center

Case managers housed in Counseling Centers have unique strengths and drawbacks just like those who are located within the Administrative or BIT model. Case managers working within a Counseling Center are more likely to have a clinical background and to practice under a mental health license (e.g., Licensed Professional Counselor, Licensed Psychologist, Licensed Clinical Social Worker). The benefits of having a clinical background include knowledge of mental health disorders and interventions, crisis management, risk assessment skills and case management experience. Counseling center case managers are likely to be seen as coming from a place of support, but because of their connection with the counseling center, could encounter some of the stigma and resistance that may be found regarding counseling services.

Defining the Relationship

Regardless of where a case manager is housed, he/she will need to become adept at quickly explaining the nature of the case manager-student relationship in a way that is understandable to students and colleagues. For case managers housed in counseling centers, there is likely to be increased risk of misunderstanding. Students may assume that because they are working with someone within the counseling center that the case manager's primary focus is the student's welfare without consideration of the larger context surrounding the relationship. While the case manager is certainly concerned about the student's welfare, he/she is also tasked with balancing the needs of the student with the needs of the counseling center, BIT, and larger university community. Case managers themselves may also struggle with this bifurcated focus, as most mental health training programs strongly emphasize the need to prioritize the client. However, for case managers, the client is both the student and the university.

One of the best ways to clarify the relationship between case manager and student is through an ongoing informed consent process that routinely addresses the nature and limits of the relationship (a sample informed consent is included on pages 30-31). It is also important to realize that even though a case manager is housed in a counseling center, the ultimate determinate of the type of relationship lies in how the relationship is presented to students. Counseling center-based case managers may be acting as an administrative BIT member and not a mental health professional. This change of role has to be clearly articulated to the student. Campus geography doesn't define the relationship.

Information Sharing

State mental health laws and professional ethics govern licensed mental health professionals. Their primary obligation is to uphold the mental health laws of the state. Disregarding these laws jeopardizes the individual's license or certification and can result in jail time and civil liability. However, these laws are not in contradiction with a BIT role. FERPA does not apply to mental health treatment files and therefore information sharing can be more restricted by a counseling center-based case manager who is a member of a BIT. The helping relationship is delimited by confidential disclosure laws and under the ethical principle of confidentiality by professional organizations. Liberal use of release of information forms is one way to help information sharing as students are often very willing to allow information to be shared if it is in his/her best interest. Any information that is shared from a confidential relationship for the purpose of making educational decisions, including actions by the BIT, becomes subject to FERPA.

Some of the most difficult struggles around information sharing do not come from students but from other BIT members. This is especially true with counseling center-based case managers. The majority of BIT members are governed by the rules of FERPA in regard to information sharing, which permits internal record sharing for BIT purposes. As noted above, counseling center-based case managers who are licensed mental health providers have different laws, rules and ethical codes to uphold. This can be frustrating when other members of the team do not fully understand the imperative to protect confidentiality so vehemently, especially with a group of like-minded professionals who are all part of the team and working towards shared goals. These differences in information sharing ability should be addressed during initial team formation and then as needed in training and when the team manages cases that make the issue salient once again. The use of releases of information with students and an ongoing, open dialogue about these issues within the team can help to resolve many of these difficulties.

Communication Among Treatment Providers

Perhaps the greatest benefit to having a counseling center-based case manager is the familiarity he/she will have - or can gain - with the various types of treatment options available to students. Referrals to counseling are a pretty routine part of BIT operation. In fact, mental health concerns constitute about 65% of BIT referrals (Nabita survey, 2012). It is well-known that many campus-based counseling services struggle to meet the demands of students voluntarily seeking counseling, much less those referred by student conduct or the BIT. Having direct access to on-campus clinicians is clearly an advantage when working to get students in crisis seen quickly at an already busy counseling center. Because of their clinical background, counseling center-based case managers can easily forge working relationships with off-campus providers and become familiar with various levels of treatment in the local community; for example, psychiatric hospitalization, partial hospitalization, day treatment, intensive

outpatient, etc. Case managers should also become equally as familiar with local medical and other health/wellness providers that may serve as referrals for students engaged in the BIT process.

Record Management

As previously discussed, case managers housed in counseling centers often operate differently from other case managers in their ability to share information. This is also true when it comes to record management. Mental health records are typically detailed and can contain very personal information about a student, including the clinician’s thoughts about problem etiology and interventions most likely to be successful. State law usually dictates the exact content needed in a record and how long records are to be maintained. At this point in time, there is no such guidance or oversight for BIT records. Thus, case managers in counseling centers not only have to clearly articulate the relationship they have with students, they have to ensure that their records meet the legal requirements. It is recommended that case managers in counseling centers keep counseling records separate from BIT records to help clarify the nature of the relationship should it ever be called into question. This would include different informed consent forms, records for contacts, and release of information forms.

Strengths and Limitations

Strengths	Limitations
Ability to connect with students	Stigma associated with counseling centers
Knowledge of mental health issues and effective treatments	Restricted sharing of information
Ability to develop relationships with on- and off-campus providers	Confusion about the nature of the treatment relationship with student, other providers and parents
Ability to protect confidential information not relevant to the BIT focus	Requires counseling centers to expand an already overwhelmed scope of practice
Better training on threat assessment and referral protocols compared to counseling case managers	Potential difficulty in boundaries related to where meetings occur

How to Establish and Fund for Case Management on Campus

Demonstrate the Need

It's an old adage in the business market that "it's easier to sell someone something they think they need than to sell them something they don't think they need." When building the argument to bring case management to your campus, start with identifying some existing problems or needs the campus already has that case management will address. Think proactively and describe case management in terms of solving these existing needs. Discuss why case management will provide a novel solution to this problem and address how existing resources cannot fully address the need or mitigate the problem.

Address the Perceived Risk

Be proactive in anticipating the potential arguments against a case management program on campus. One of the best ways to address these arguments is to develop counter-points as part of your initial proposal. Consider the following:

"It will cost too much." The loss of revenue from students leaving the institution as the result of lack of support or connected resources will counter the cost. Students often leave college as a result of lack of support and intervention. Case managers also allow for more efficient use of existing services, ensure less distraction from essential functions for key staff members, and ensure less time will be misplaced by other departments in attempts to chase down students and in managing crisis-level incidents, rather than preventing the crisis. Making the funding case that case management will aid in retention and support the goals of enrollment management can also be compelling to those who hold the purse strings.

"Who will run it?" The answer to this question will depend on the individual campus and community make up. Be open to various options and seek departments that understand the benefits of case management rather than a focus on the potential risks.

"We are creating more legal risk." Quite the contrary, case managers ultimately reduce the overall liability risk to the institution. Clear documentation of follow-through, referrals, communication and support all go a long way to meeting the duty of reasonable care and show the competence of the institution's outreach to a student at risk.

"We are a college, not a treatment facility." Case managers don't work in treatment facilities and have only a small role in treatment protocols. The case manager allows students in short-term distress to successfully navigate their challenges, remain enrolled, and achieve success.

Students in need of inpatient care will be more quickly identified and receive appropriate care faster when working with a case manager.

“Just let the at-risk students fail out.” This is a fairly primitive and unenlightened argument, so let’s hope you don’t have to answer this. At-risk students are not always ‘at risk’. These students can and do move past the distressing events to become very successful members of the college community. Simply put, none of us should sacrifice a life goal or be judged by our worst moment, a poor decision or our response to trauma.

Cost Share Between Departments

So, where do you get the \$30,000-\$40,000 to bring a case manager to your campus? Consider creating a joint position within Student Affairs where each department brings some salary money to the table. A \$30,000 salary for a new Student Affairs professional with some counseling training and the desire to obtain experience by collaboratively working with various Student Affairs departments could be obtained by contributions from Residential Life (\$5000), Conduct (\$5000), Police (\$5000), Counseling (\$5000), Health Services (\$5000) and Athletics (\$5000). The more departments that contribute, the less the financial burden to each department.

Obtaining this kind of institutional buy-in requires at least two things. One is the support from the top administration for such a creative approach to position funding. The second is demonstrating the benefits for each department to bring their funds to the proverbial table. While it might be clear what kind of benefits housing, conduct and counseling would receive for such an arrangement, assisting athletics to see the potential retention benefits for some of their at-risk athletes or helping health services see the potential benefits of developing a better off-campus referral network for substance abuse and eating disorder behaviors may take a bit more explaining.

Part-time or Fee-For-Service

Another option for building a case management position is creating a part-time position. This approach may not reach all of the identified needs for a case manager on campus but could serve as a ‘foot in the door’ to begin establishing how this service will benefit the college or university. This kind of ‘try it before you buy it’ approach can work with schools that might not be convinced of how case management will help to reduce legal risk, ensure that students are better connected to existing services, and be held consistently accountable to complete assigned sanctions, interventions and follow-up

While rare, another creative approach is to develop a fee-for-service program that is tied to academic retention goals. This program could be offered to all first year students and as

an option for those at-risk students who otherwise would have to take time off from school because of their low grades or behavioral issues. This kind of life-coach case management model would primarily focus on making sure students attend academic tutoring sessions, become connected to counseling as needed and meet with parents to track progress (when appropriate and with consent) and ensure the student is on a path for success.

For first year students, this kind of program could be offered as a kind of “trip insurance” for those parents worried their child might not be ready or successful on their own as they adjust during their first semester. If a student paid \$2,000 per year for this support service, the fee could offset the cost of a salaried position with 20 students.

The program could also be offered to students who have a history of academic struggles and otherwise would have to take a year off from college before being allowed to take classes again. This mentor program could offer another option, a kind of supervised probation for students who want to continue despite their struggle with their grades or other limiting issues.

Case management for non-paying, at-risk students could then be obtained from staff that is funded through this academic retention based program. If a case manager had a 70/30 ratio of paid to non-paid students they worked with, the first-year and academically at-risk students could subsidize other students who do not pay for the program.

To be successful, this mentor program would need to keep track of data related to its success rate and carefully monitor the ratio of paid and non-paying students. This kind of program would also work better on a larger volume scale with several staff serving hundreds of students to ensure its stability.

Sample Job Description

The Office of Student Affairs is seeking qualified applicants for the position of Case Manager. This position, housed within office of Student Affairs, would offer case management services to a population of undergraduate students with at-risk mental health and social support needs through interventions, referrals, and connection to follow-up services.

The Case Manager will work to address the needs of students who struggle with: mental health and wellness, relationship conflicts, personality and social adjustment issues, physical health and nutrition, trauma recovery and victim advocacy. The candidate will be an advocate for student success and possess a demonstrated ability to multi-task and manage a diverse caseload. They will develop and maintain a database of referral resources and community services. The successful candidate will demonstrate an ability to document and establish systems for receiving and tracking cases.

In addition to direct service, this position would coordinate with community resources and campus partners including the Dean of Students Office (DOS), housing office, counseling services and disability resources. The Case Manager will also serve as member of the Behavioral Intervention Team. This is a 12 month full-time position and reports to the Dean of Students.

Job requirements include:

- Master's in counseling, social work, student affairs counseling or related field
- Experience working as part of a case management support team preferred
- Minimum of three to five years full time experience in case management
- Experience in crisis intervention preferred; experience working with more severe psychopathology also preferred
- Knowledge of behavioral intervention team policy and procedure
- Solution focused approach to student care
- Excellent communication skills, ability to work as part of a team
- Serve as a liaison for hospital admission and discharge planning
- Demonstrated interest in and experience working with college students including diverse and/or underrepresented college student populations

A completed application must contain a letter of application, resume or vita, and the names of three references along with their address, telephone number and email. The review of materials will begin immediately, and continue until the position is filled.

Sample Intake Summary

School Name		Today's Date:	Assigned CM: <i>(office use only)</i>	
First Name:	Middle/Initial:	Last Name:	Preferred Name:	
1. Date of Birth: ___/___/___		2. Current Age: _____		3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Primary Phone: _____ Other phone: _____ may our office call you? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Email _____ May we e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. ID#: May we leave you a phone message? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Mailing Address: _____ _____ _____		9. Emergency Contact Information Name: _____ Relation: _____ Address: _____ _____ Phone: _____		10. Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Serious dating or committed relationship How Long: _____ <input type="checkbox"/> Divorced <input type="checkbox"/> Civil union/ When? _____ domestic partnership <input type="checkbox"/> Separated When? _____
*11. Ethnic Background: <input type="checkbox"/> African-American / Black / African <input type="checkbox"/> Asian American / Asian <input type="checkbox"/> European American / White / Caucasian <input type="checkbox"/> Hispanic / Latino / Latina <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other (please specify): _____		12. Sexual Orientation (optional): <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning		13. WKU Status: <input type="checkbox"/> Fresh <input type="checkbox"/> Graduate Student <input type="checkbox"/> Soph <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Junior <input type="checkbox"/> Other: _____ <input type="checkbox"/> Senior
14. Major: _____		15. GPA: _____	16. How many credits are you taking : _____	
17. Are you a transfer student? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list where/when: _____ _____ _____ _____		18. What kind of housing do you currently have? <input type="checkbox"/> Off-campus apartment/house <input type="checkbox"/> On Campus <input type="checkbox"/> Other (please specify): _____ Have you had previous counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____		19. Who referred you to our office? <input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Parent or relative <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Resident Life Staff <input type="checkbox"/> Dean of Students Office <input type="checkbox"/> Coach or team doctor <input type="checkbox"/> Other: _____ NAME: _____ Do we have permission to acknowledge the referral? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, please sign below: _____ <i>(This permission allows us to reveal that you followed up on the referral with this appointment.)</i>
20. List any medications you are currently taking & please indicate type of physician prescribing the medications: _____ _____				
21. Are you a student athlete? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, which team? _____				
22. Are you an international student? <input type="checkbox"/> no <input type="checkbox"/> yes			If yes, please list country of origin: _____	

Sample Release of Information

Authorization to Release/Obtain/Exchange Confidential Information

Instructions: In order for the Student Case Management Service to release, obtain, or exchange confidential information, this authorization must be completed according to these instructions. All information must be clearly legible. All information related to identification, location, and communication of those involved in the release of information must be provided. This is necessary to ensure that the information is released *only* to those you intend. **For your protection, if this form is incomplete or is not legible, the Student Case Management Service will not release or request the release of any information.**

I, _____
Printed first and last name

_____ School ID #

_____ Street Address/Residence Hall

_____ Apartment/Room Number (if any)

_____ City, State, Zip Code

(_____) _____ - _____ Telephone

AUTHORIZE

Case Manager Name, Address, Phone

TO RELEASE TO _____ EXCHANGE WITH _____ (initial one only)

Interested Party Name, Address, Phone

The dates and types of services received. I also provide authorization to release the following: (initial all that apply)

_____ Results of assessments and recommendations

_____ Progress reports

_____ Other: (Specify)

The purpose of releasing this information is:

I understand that no disclosure of my records can be made without my written consent, unless otherwise provided by law, and that I may revoke this authorization in writing at any time, except to the extent that information has already been released. I want this authorization to expire (initial one only):

_____ Sixty (60) days from the date below authorizing this release, or the end of the semester, whichever occurs last.

_____ Six (6) months from the date below or six (6) months after termination of services, whichever occurs last.

_____ On the day the record is destroyed

(Signature) Date Witness

DISCLOSURE TO A THIRD PARTY WITHOUT AUTHORIZATION IS PROHIBITED BY LAW

Sample Contact Notes

November 7, 2012, 4pm-5pm, office: I met with Sarah today to discuss how she has been coping with her anxiety and worries about her academic progress this semester. She reports that things have been better over the past few days and that she had a positive visit with her parents over the weekend. We discussed her plans to go to a party with friends this weekend, her preparations for an upcoming test on Monday and any obstacles she may face setting aside the time to study. She shared that she attended her counseling appointment and we set up a new time to meet next week. She agrees to call if any crisis comes up between our appointments.

- Case Manager

November 15, 2012, 12pm-1pm, student union: I met with Nick to discuss his upcoming conduct appointment for violating the code of conduct's drinking policy. We discussed his decision to drink at an on campus party, his experiences with the police and what it was like having to spend the night in the on-campus 'drunk tank.' We talked about factors that led up to his decision and how he could have made different choices about his behavior. We discussed the upcoming conduct meeting and then talked about how he will decide to talk about this with his parents. We reviewed his anxiety about this being the second 'strike' for drinking on campus and the potential arguments and consequences this will have for him when he talks with his parents. Reviewed academic progress for this week, plan to meet following the student conduct meeting to brainstorm how to talk to his parents about the incident.

- Case Manager

November 20, 2012, 10am-11am, office: I met with Tara today. She shared a return of her suicidal thoughts from last night. She reports that she cut herself superficially on her wrist when feeling depressed last night. She talked about some thoughts of suicide while cutting herself. She says, "I don't want to go on anymore without him. I saw him last night at a party with another girl and it was just...you know, too much." We talked briefly about her encounter with her ex-boyfriend and how this triggered the self-injury. Tara still reports suicidal thoughts, though no plan to kill herself at this time. She agreed to walk with me over to her counselor's office on campus to discuss what happened and assess her safety.

- Case Manager

Sample Informed Consent (Counseling Case Management)

Informed Consent

Eligibility

Counseling case management services are available to all currently enrolled part-time and full-time undergraduate and graduate students identified as at-risk by the campus Behavioral Intervention Team.

Intake Interview

All case management students are scheduled for an initial intake interview. The purpose of the intake interview is to gather information about a student's concerns, background information, pressures that may impact current problems, and goals for counseling. Frequently, the intake counselor is the person assigned to work with the student in weekly sessions.

Case Management Sessions

The case manager uses a solution focused counseling model. Case management has several important features: (a) the focus is on identifying specific and attainable goals, (b) attention is given primarily to the present rather than the past, and (c) both case manager and client are active in the process. For those who may require more intensive work, the Counseling and Therapy Center can provide referral options that are available locally. A case manager typically meets with a student once or twice a week for 45-60 minutes. During a crisis or in the initial phase of the case management relationship, meetings may occur more frequently.

Confidentiality

The case manager will release information to outside parties only with permission of the student. Records are confidential and will not leave the office unless there is an emergency situation. Parents and guardians are not contacted unless we have permission from the client or if there is an immediate risk to the student's safety (ie: suicide risk/attempt, emergency room evaluation and/or a threat to themselves or others.) If there is an immediate risk, information may only be shared that aids in obtaining ongoing care and ensuring safety. In rare cases where there is a risk to the student or the community, the case manager reserves the right to notify the Vice President of Student Affairs and/or Campus Police, especially if the student is an active danger to themselves and/or to others.

Record Storage

Case management records and individual documents are maintained electronically on the computer, are password protected and accessible by case management staff only. Student

records will be kept for *at least* five (5) years after the date of the last contact with our department.

Email

Email communication with the case manager should be used in scheduling appointments only. We recognize the importance of email but, because it is not a secure medium of communication and our case manager does not maintain 24-hour access to their email, it will not be used to discuss on-going treatment issues.

Student Rights

- Review credentials of the case managers including but not limited to: education, experience and professional counseling certification and licensure(s).
- Request a particular case manager (eg. male or female).
- Terminate the case management relationship at any time.
- Have your conversations treated confidentially and be informed of any limitations on confidentiality in the case management relationship.
- Ask questions about the techniques and strategies used by a case manager.
- Participate in setting goals and evaluating progress toward them.

Student Responsibilities

- Please arrive on time for your case management appointment.
- If unable to keep an appointment call the office to cancel at least 24 hours in advance.
- Actively participate in case management by asking questions and staying involved.

Student Signature

Date

Witness Signature

Date

Sample Case Management Responses

Condition/Situation	How we find out about it	Typical Response
Suicide Attempt	Attempt is in our facility; friends know about past attempt or history	<p>If a student has recently attempted, we want clearance from a medical professional that the student is not a threat to him/herself or others prior to the student's return to the campus. This is communicated through a letter that is faxed to the hospital and copied to the student's doctor. This lets the student know that he/she is not allowed to return to campus without providing the university information from the doctor in addition to meeting with the Dean of Students with the student's parents present. The questions we typically want answered include: (a) Can the student practice self-care for him/herself 24 hours a day without consistent monitoring or support? (b) Can the student appropriately manage his/her medication in a way that promotes safety and self-care in an unmonitored, unstructured environment? (c) Are there any psychiatric recommendations for the student's on-going self care, including living recommendations (i.e. residence hall/community living considerations) and continuing care?</p> <p>Students are not allowed to re-enroll until the Dean has answers to the above questions. In addition, the student must review the summary of documentation from health or counseling services, have practitioners for continuing care in the area and be on a self care agreement.</p>
Suicidal Ideations	Disclosure by roommates/friends	<p>The first step is to get the student into the counseling office. We want to lay eyes on this student and know he/she is okay. If counseling staff feels that the student is suicidal, the student will be transported to the hospital for assessment. The procedures listed above for suicide attempt may then be put into place to ensure a safe return to campus.</p> <p>If a student has ideations but is not actively suicidal, the student is referred to resources (on and off campus), asked to sign a behavioral agreement, and placed on a regular check-in schedule. Parental notification may be done if the student needs assistance finding resources that fit with the student's insurance or other financial situation.</p> <p>After a period of time, if the student uses appropriate resources and is no longer disrupting the community, the student may no longer need to have regular check-in meetings with the Case Manager, but may still be on a behavioral agreement.</p>

Condition/Situation	How we find out about it	Typical Response
Suicide Attempt	Attempt is in our facility; friends know about past attempt or history	<p>If a student has recently attempted, we want clearance from a medical professional that the student is not a threat to him/herself or others prior to the student's return to the campus. This is communicated through a letter that is faxed to the hospital and copied to the student's doctor. This lets the student know that he/she is not allowed to return to campus without providing the university information from the doctor in addition to meeting with the Dean of Students with the student's parents present. The questions we typically want answered include: (a) Can the student practice self-care for him/herself 24 hours a day without consistent monitoring or support? (b) Can the student appropriately manage his/her medication in a way that promotes safety and self-care in an unmonitored, unstructured environment? (c) Are there any psychiatric recommendations for the student's on-going self care, including living recommendations (i.e. residence hall/community living considerations) and continuing care?</p> <p>Students are not allowed to re-enroll until the Dean has answers to the above questions. In addition, the student must review the summary of documentation from health or counseling services, have practitioners for continuing care in the area and be on a self care agreement.</p>
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Sample Case Management Philosophy

Case Manager positions have been popping up all over the nation at institutions of all sizes and demographics. They have also been put in place in many different functional areas of institutions. The primary purpose for this position is to provide consistent support, follow up, accountability, and resources for students.

Case Management Philosophy

It is no secret that challenged and challenging students can be emotionally draining and time consuming. Professionals often find themselves questioning how to respond in ways that help the student, protect the university community, and follow university policies/practices all while trying not to burn out. When individual students exhibit concerning behaviors often associated with eating disorders, substance misuse, depression, self-harm, suicidal ideations, or others we are challenged by how to achieve this personal vs. community balance. This is where case management can play a role in both helping professionals stay balanced and support the greater university community while the student in need is provided the support, resources, and accountability that may be helpful to his/her personal development.

At its heart, case management seeks to:

- 1) link a student with appropriate campus and community resources,
- 2) provide a student with a framework for practicing good self-care and self-advocacy.
- 3) utilize a system for accountability/follow up, and
- 4) help a student move beyond the behavioral issues exhibited

Whether a student's issue(s) are professionally diagnosed, self-disclosed/diagnosed, or emerging, these issues often create challenges that impact the individual student, roommates, community members, and even the campus as a whole. This is compounded by the difficult challenge of balancing the needs of the individual student with the needs of the greater community. These challenges and challenging students often need a level of ongoing follow up that provides accountability until the student is able to advocate on his or her own behalf and consistently demonstrate behaviors that align with our community expectations. To this end, let's first the different between some of the types of students that Student Affairs professionals deal with on a daily basis.

Type of Behavior	What you see	Examples:
Rebellious disruptive	Intentionally defiant, annoying, disrespectful behaviors.	Antagonistic behaviors, questioning the rules/finding the loop hole, continuous disregard for others/rules, pranks
Emotionally disruptive	Unintended behaviors usually precipitated by an underlying emotional crisis. While these may still feel annoying or disrespectful, they are usually unintentional.	Emotional distress/outbursts, hygiene changes, behavioral changes, isolation, self harm threats

From “Dealing with Disruptive and Emotional College Students: A Systems Model” by Thomas J. Hernandez and Deborah L. Fister. *Journal of College Counseling*, Spring 2001, volume 4

Emotional behaviors often need support and resources, but may also become a conduct issue if behaviors continue to disrupt the community. Please note that emotional behaviors may also be a manifestation of dealing with an underlying medical or health condition, specifically those related to mental health. These are situations where we need to act carefully and in accordance with ADA laws. In most cases, case management is aimed at helping students manage their conditions. Students may still exhibit symptoms of their illness/conditions, but do so in ways that are appropriate, healthy, and not disruptive to the community. For example, a student suffering from depression may exhibit suicidal ideations. The appropriate response for a managed condition would be for the student to practice appropriate self care by getting him or herself to a clinician for help rather than disruptive community living or relying on friends to care for the student. In using case management with these students, we have built a relationship with the student that promotes trust and the building of the student’s abilities to practice good self care and appropriate self advocacy.

Sometimes a behavior could fit into both categories on appearance, but more clearly fits into one upon greater conversation with the student. For example, an alcohol transport or consistent marijuana use may appear to be rebellious, but may actually be a sign of substance dependence, which would fit into emotional.

In some cases, students can be both disturbed and disturbing at the same time. These students would often be seen as our highest risk students. The title of “disturbed and disturbing” often fits those who have acted out on campuses such as Virginia Tech. These are students where an assessment may be appropriate to determine the safety of the student and those around the student.

JoAnne: I Don't Want to be Here Anymore

JoAnne is a first-year student who has been having difficulty adjusting to life on campus. She is the first in her family to go away to college and comes from a rural town. Her parents are proud of her, although they don't have a good frame of reference for all that is involved in going away to school. JoAnne has trouble making friends, feels overwhelmed by classes and worries that she won't be able to finish all the work she has piling up around her.

JoAnne's roommate Heather is worried that JoAnne's homesickness is worse than people think. Heather tells her Resident Advisor (RA) that JoAnne hasn't been eating much lately and that she is sleeping all of the time. She is worried JoAnne hasn't been going to class and that she has found her several times crying uncontrollably in their room when Heather gets back from class.

JoAnne has told Heather, "I don't think I can do this anymore. I don't want to be here. I don't want to be anywhere."

Heather has tried to get help for JoAnne. She has even offered to walk her over to the counseling center to talk with someone about her difficulty adjusting to college. JoAnne says, "I went to counseling before when my parents got divorced when I was little. It never helped. I don't want to go there."

Heather struggles with this answer from JoAnne. She sees the situation getting worse and feels frustrated about how to proceed. Heather talks to one of her other friends who suggest that Heather talk to a counselor about her worries. Heather makes the appointment and shares her concerns with a counselor without using JoAnne's name. The counselor offers her some suggestions and encourages her that if she shares a name, then the counseling staff can follow up directly with the student.

Heather tells the counselor, "I'll think about it. I'm just worried that I'm overreacting or she will be mad at me for coming to talk to you. I know I shouldn't worry about that and I'm doing the right thing. I just don't want to get the whole school involved."

Soon after, Heather comes back from studying at the library and finds JoAnne in her room with a razor. She has a deep cut on her left arm that is bleeding on the bed. Heather runs from the room to find the RA and call campus safety. Other students begin to mill about the hallway and try to find out what is going on. Heather comes back with the RA after calling campus safety.

Campus safety comes to the room to find JoAnne crying, surrounded by Heather and her RA. The RA is applying pressure to the wound and the razor sits on the desk next to the bed. JoAnne says, "I'm fine. It was just a stupid cut. I do that sometimes when I'm sad. I'm fine. I'll be fine."

The RA calls the Administrator On Call (AOC) to try to figure out what to do. Both the RA and Heather worry about JoAnne if she is going to spend the night in the residence hall. They each think that this is a chance to have some other professionals see how bad things have really gotten for JoAnne.

Case Management Response

Brian: A case manager might help with addressing the stigma associated with counseling. If a case manager worked out of the counseling department, it would be useful to have JoAnne address some of these concerns over a cup of coffee in the community with a CM to help her feel more comfortable coming into counseling. If a case manager is connected to student affairs, the conduct office or the BIT/TAT then it might have the case manager work more closely with JoAnne to help coordinate her care with counseling, residential life and parents. The flexibility of the case manager position would help ensure that JoAnne doesn't "fall through the cracks" if she is hospitalized and returns to campus.

Jill*: In this situation, I believe that the role of case management is to get JoAnne connected with greater resources both in and around campus while also providing accountability. If I were the administrator on call, I would ask that JoAnne be evaluated in the moment by both a mental health professional to assess her current state, and also by a medical professional to deal with the open wound. Our case management follow up would likely be guided by the mental health professional's assessment. If this were a suicide attempt, an ambulance or the local police would transport the student to the hospital. We would then fax a letter to the student care of the hospital letting the student know that she cannot return to campus until she has met with the Dean of Students and that she must bring any documentation provided by the hospital to that meeting. We would request that the hospital include any guidelines or recommendations for ongoing care in the documents provided to the JoAnne. Our Dean would then work with other on campus professionals to evaluate if it is safe for JoAnne (and others) to return to campus, and what on campus services and support we could provide.

If this were an instance of self-harm behavior, which is certainly different than suicidal ideations/attempts, we would first still rely on medical and mental health professionals' assessments of the situation. Then our ongoing case management would start. JoAnne would begin to meet with our Case Manager on a weekly basis. During her first meeting, we would review the University's statement on self-care. JoAnne would then be asked to sign a behavioral agreement that acknowledges that her self-care is her own personal responsibility and that she understands that following the recommendations of her health care team is in her best interest. We would connect JoAnne to resources on and off campus. One part of that conversation would certainly be a discussion about her past experiences with counseling and some ways that we could help her make this experience new, different, or better. We would work with JoAnne and her family to figure out which resources are within their financial

situation. JoAnne would be expected to sign a waiver with her practitioners allowing them to verify that JoAnne is attending appointments, is not a danger to herself or others, and is making positive progress. The burden for signing these waivers falls on the student. We would also talk about the impact something like this has on a living community and how this may have impacted her roommate or friends. Finally, we would get JoAnne on a regular check in schedule, meaning that she would meet with a Case Manager every week until she got into the routine of using her other practitioners and her routine use was verified by those providers.

Erica: Brian and Jill both make some very good points. I think each individual institution's protocol determines how the immediate situation would be handled. At Tulane, we have an internal emergency medical service that would be dispatched at the time of the incident. This group tends to err on the side of transporting students to the hospital in situations like this.

Something that Jill alluded to actually took me a good bit of time to really get a handle on. This is the importance of the case manager developing a relationship with emergency room staff. In Orleans Parish, we have around ten hospitals with functional emergency rooms that students may be transported. Additionally, post-Katrina New Orleans has a real problem with mental health bed accessibility. When I began my role at Tulane, I assumed it would be simple to develop relationships with all of the hospital ER staff members. It turns out, I didn't take into account the high turnover and how much effort this networking actually takes. After my first year, I was able to develop a system that finally has worked for us. If a student is transported for mental health reasons, they are routed to one hospital. I have spent a lot of time with that hospital to negotiate issues surrounding communication and consent. We have also crafted a Memorandum of Understanding (MOU) with a hospital located about 45 minutes outside of New Orleans. This hospital works with the university to give our students priority for in patient psychiatric admittance. The same kind of coordination has gone into this relationship, such that the hospital understands the benefits of having the university involved in their care and in a way that makes the transition seamless. However, I think it's important to take the time to figure out the best way to set up this network.

Another thing to think about, and something that actually helped me get support for establishing my position is consider the ripple effect and how this model allows for better support for all involved students. In this scenario, the case manager follows-up with the student and possibly the roommate. However, in many cases like this, the community feels the impact. In a setting where you have a case manager work with students experiencing the primary issues-you can focus staff (such as residence life) on supporting the community.

*Jill Yashinsky serves as Student Life Case Manager at Gonzaga University
(yashinsky@gonzaga.edu)

Boris: A Lack of Social Skills

Boris attends a community college and is working on his degree in accounting. He has always been good with numbers and is an average student in his classes. He hopes to be able to take his degree and go on to get his CPA license and work for a company like H&R Block, training others to do taxes and financial planning. Boris lives at home with his mother and she works as a manager at the local department store. They get along well and his mother encourages Boris in his schoolwork. She is proud of her son and the two of them go out each Friday night before she starts her evening shift to talk about his future. Boris never met his father and his mother tells him that he is still in Russia and that he is a “dirty, no good, son-of-a-bitch.” Boris has no reason to doubt this.

Boris doesn't do well talking to people and making friends. He becomes very focused at times with the things going on in his life (completing assignments, playing video games, collecting trading cards for Magic the Gathering) and doesn't possess the skills to ask questions about other people and their interests. Boris learned in elementary and middle school that the best way to avoid getting into fights or being hurt was to keep to himself. He developed an active fantasy life and often plays video games to distract himself from feeling isolated.

His mother had at one time enrolled him in therapy to work on his social skills and hygiene issues, at the request of a teacher and principal at the high school. His mother never saw anything wrong with the way Boris related to the other children, and didn't see any problems with his bathing and washing habits. They never really had much money, so his clothes were mostly second-hand. They lived in a small apartment, so washing required a trip to the Laundromat down the street and, with money always being tight, this didn't happen often.

During classes at the community college, Boris sits alone in the left front of the classroom and rarely talks to other students. Many of the students in class stay away from Boris altogether because he has a fairly distinct body odor that is unpleasant to be around. One or two of the males in the class make teasing remarks about Boris saying, “Nice shirt...didn't I just see that yesterday?” and “It's called a shower—they have them in most houses, you know. They are really easy to use...”

Boris gets these references and feels sad when the other students tease him. He keeps his feelings bottled up inside and rarely shares them with anyone. Occasionally, he will cry a bit in class and then quickly cover his face so others don't notice. Once or twice, the tears have turned to anger and he has told the male students teasing him in class to “shut up.”

The professor doesn't do much to try to help Boris. She sees him as a lost cause in terms of connecting socially with other students. He does well enough on the quizzes and tests and turns in his assignments on time. Most of Boris' professors are part-time adjuncts that come in

to teach one or two classes and then leave. They aren't paid fairly or treated well by the administration. It is hard for them to balance teaching and the added responsibility to police the classroom for teasing.

Case Management Response

Jill*: This is a great place where a case manager can have a caring conversation with a student while also helping him feel more connected to the campus community. The opening of the conversation may be more about how he is feeling here, what his life is like at home, what (if anything) he perceives he could use some assistance with. That could provide an opening about some of the hygiene and social challenges that the student may be having. Brian hit this one on the head.

Brian: Isolation, teasing and bullying are difficult for any one person to handle on their own. A case manager could be used here as part of a BIT/TAT intervention to help Boris improve his social skills, hygiene and find new ways to interact with students in the classroom. The case manager could also be helpful in providing some support and suggestions to the professor who is struggling with how to best handle Boris. Most importantly, the flexibility of the case manager would allow them to form a connection with Boris on his own "turf" and find ways to help address his social and hygiene problems in a way that will have a higher chance of success (for example, walking him through how to wash his clothes and how often to shower).

Erica: This is one of those cases where I am reminded of utilizing colleagues on campus. When I first started this position, I thought I had to have all of the answers and be able to solve every problem. I think Boris's case illustrates a great opportunity for a behavioral interventional/multidisciplinary approach. If this case occurred on my campus, I would see if there was someone with whom Boris had connected. If there was, then this person could be a solid social support while the person in the case management role can challenge Boris on his behavior. If the support is not present, I like the idea of trying to develop the support first by using our colleagues in housing, academic advising, international student support office, student programs---whatever is appropriate. Again, this highlights the importance of having a case manager who can build strong relationships with people across campus.

It is important to market your position and train faculty and staff to discuss situations similar to these in order to remain proactive. I know for me that when things get hectic or busy, training and marketing of my positions tends to be first thing I neglect things to neglect. However, training and marketing remain paramount.

*Jill Yashinsky serves as Student Life Case Manager at Gonzaga University
(yashinsky@gonzaga.edu)

Darryl: A Frustrating Student

Darryl is not the easiest person to get along with. He often finds himself arguing with just about everyone he comes in contact with. In the past, this has included friends, family, teachers, members of his church and, in a few instances, he argued with police over speeding tickets and had to be taken to the police station. Darryl's "difficult" manner has continued during his time on campus.

He has been involved in multiple arguments with various departments, professors and students. While none of these have escalated to anything physically violent, several incidents have risen to the attention of the student conduct office, as many people report a feeling of "being scared and worried" about what Darryl might do.

Recently, Darryl got into an argument at food services over a forgotten ID card. He was frustrated at the cashier for not allowing him through the line. Darryl responded with, "Look, you part-time food service worker. I pay your salary by being a student here at the college. All I want to do is get a damn apple before class. It's not like I'm trying to steal anything. I just left my ID card in my room." Darryl proceeded to take an apple and then had to meet with the student conduct office because of his behavior and language to the staff.

Another problem occurred when Darryl made some inappropriate comments to a professor. He told her that her "insight was pretty good for a woman, but men are always going to be better at the hard sciences." The professor took offense to this and the information was shared with the campus BIT as a possible concern.

When the incident was discussed at the BIT meeting, it led to a flurry of discussion around the table about other offices that knew of Darryl's rude and disrespectful behavior. Many shared concerns about Darryl and wanted to hold him accountable for his language and behavior. The team required an assessment at the counseling center.

The counseling center staff, who had previously not encountered Darryl, did not get a chance to meet with him. As he was scheduling his appointment, Darryl managed to offend the office manager and two graduate students in the office. He said, "Is this a picture of your husband? Because there is no way he deserves to be with a hottie like you." He then stared inappropriately at the two graduate students while making conversation with them, saying, "I don't even really have to be here. I'm just doing this to keep the Dean happy. Some professor got her panties in a bunch." The staff was shocked at this behavior and the counselor assigned to work with Darryl canceled the appointment.

Counseling services reported the behavior back to the Dean of Students.

Case Management Response

Jill*: This is certainly a situation where we would want to get a good grasp on what as many people as possible know about Darryl. We would want someone to consistently be laying eyes on him. Due to his comments about women, we would likely try to assign a male to serve as the Case Manager on this case. We would have a conversation with Darryl about how disruptive his behavior is becoming to our campus community and put him in a behavioral agreement. Our Dean of Students would have this meeting, but we would have campus security staff close by while this meeting is going on. We may also reach out to see if there is a staff person who has a particular connection with Darryl. If there is, we may ask that person to accompany Darryl to that meeting. We may also ask a parent to come into town for the meeting if we are concerned for the welfare of the student or others. If there is a question about propensity to violence, which there appears to be in this case, we would likely mandate enrollment in an anger management program, and likely some counseling. Finding the right counselor who would feel safe but also hold Darryl accountable for his disruptive behavior would be important. If Darryl has already been put on notice that these behaviors are unacceptable, he may be released from the institution and trespassed from campus.

Erica: This is one of those cases where the university really has two goals 1) to support an individual student and 2) to make decisions along the way that consider the overall safety and wellbeing of the campus community. In this case, we would employ a standard threat assessment process in conjunction with a mandated assessment. In cases like these, we may opt for an assessment done by an outside clinical professional.

I think this case highlights the importance of a good relationship between student conduct and the case manager. Where possible, it's always good to hear about the Darryl's view of the world before his situation escalates. Early intervention can prevent future incidents.

Brian: This case can be a little more difficult given the potential for violence, inappropriate behavior and Darryl becoming upset. Clearly, this is a case that will involve multiple departments (police, conduct, counseling, residential life, BIT/TAT). By having one person to help coordinate Darryl's care, we ensure he gets where he needs to go. It is important to have one person take ownership to ensure that Darryl's behavior is addressed and does not fall between the many 'silos' that may occur since his behavior exists in so many areas across campus.

*Jill Yashinsky serves as Student Life Case Manager at Gonzaga University
(yashinsky@gonzaga.edu)

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The Higher Education Case Management list serve can be joined by sending an email to higher-education-case-managers@googlegroups.com.